NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

This f	orm	should	be	filed	after	the	Commi	ttee	qualifies	as a	multica	ndidate	committee.

. (u) W	AME OF C	OMMITTEE IN FULL			1			
Υ	our Vo	oice Counts						
(b) Nı	ımber and	Street Address			_			
` '	O Box 97		2. FEC IDENTIFICATION NUMBER					
(c) Cit	ty, State ar	d ZIP Code	C00626903 3. TYPE OF COMMITTEE (check one)					
F	Raleigh		NC	27624	STATE PARTY TOTHER			
certif	y that c	one of the following situation	ns is correct (co	mplete line 4 or 5):	1			
0		S BY AFFILIATION: The co and simular with:						
C	commit	ee Name:						
		ntification Number:						
Г	EC lue	inition number.			·			
i. S	TATU	BY QUALIFICATION:						
	Dei	ow (ONLY State party comn	miliees may lea	Office Sought	State/District		Date	
	(i)	Gray, Bob, , ,		House	GA	06	04/10/2017	
	(ii)	CONNELLY, CHAD, , ,		House	SC	05	04/13/2017	
	(iii)	POUNDS, BUNNI, , ,		House	TX	05	04/27/2018	
	(iv)	WRIGHT, RON, , ,		House	TX	06	04/27/2018	
	(v)	ROY, CHIP, , ,		House	TX	21	04/27/2018	
/ 1	b) Co	ntributors: The committee	received a cont	ribution from its 51s	t contribute	or		
(I								
	c) Re	gistration: The committee homitted on:10/04/2016	nas been registe	ered for at least 6 m	onths. FEC	FORM	1 was	
(0	c) Re sub		·		onths. FEC	FORM	1 was 	
((certify	suk d) Qu	omitted on:10/04/2016	met the above i	requirements on:	04/27/2018 et and complete	9.	1 was 	
(certify	suk d) Qu	alification: The committee e examined this Statement and to the TNAME OF TREASURER	met the above I	requirements on: e and belief it is true, correct REASURER [E	04/27/2018	e. led] DATE	1 was /2018	